

## NOTARY CLASS REGISTRATION FORM

## Person to Attend Notary Training Class

First Name:	La	ast Name:			
Home Mailing Address:					
Street or P.O. Box		City		State 2	Zip Code
Daytime Phone:		Mother's Maiden Name:			
(please include area code)					
E-mail Address:	Date of Birth:				
Notary Training Class Requested					
Date:		Time:			
Class Loca	ation:				
***Verify class availability before submitting this registration form.***					
THERE IS A \$45.00 FEE					
Payment for class must accompany this registration form.					
Method of payment attached: Check Credit Card Checklist Form					
Class registration forms received without appropriate funds will be rejected.					
ATTENTION:					

- \* If you do not attend your reserved class, your payment is forfeited.
- \* Confirmation letters or a photo ID *MUST* be presented at the door or you will be asked to pay at the time of class. Refunds will be issued for duplicate payment.
- \* If you have not received your confirmation notice, you may verify your registration 36 hours before the scheduled class by emailing the Notary Division at nvnotary @sos.nv.gov
- \* Once you are registered for a class there is a \$10.00 fee to switch to another class. Transfers to another class *must* be completed no later than 7 working days before the registered class.
- \* Any and all changes **must** be submitted more than 7 working days before the date of the registered class. *No refunds can be issued if the request is received after the 7 working day deadline.*

Remit to: Secretary of State, Notary Training

101 N. Carson Street, Suite 3 Carson City, NV 89701-3714 Phone: (775) 684-5708 Fax: (775) 684-7141